

**CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT**  
Please return this form to the City of Milwaukee Election Commission  
200 East Wells Street, Room 501, Milwaukee, WI 53202  
414-286-3491 / FAX 414-286-8445

☒ **YOU MUST BE REGISTERED TO VOTE AT YOUR CURRENT CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.**

## REQUIRED INFORMATION

\_\_\_\_ Voter Declaration: I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 28 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

### SECTION 1: SELECT REQUESTED ELECTION DATES

Mark the election(s) that you are requesting to receive an absentee ballot:

\_\_\_\_ **SPRING PRIMARY**, February 16, 2016                      \_\_\_\_ **FALL PRIMARY**, August 9, 2016  
\_\_\_\_ **SPRING ELECTION**, April 5, 2016                      \_\_\_\_ **FALL GENERAL**, November 8, 2016  
\_\_\_\_ **All 2016 ELECTIONS**

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:

\_\_\_\_ I certify that I am indefinitely confined because of age, illness, infirmity or disability and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.

### SECTION 2: VOTER INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

CITY OF MILWAUKEE                      STATE OF WISCONSIN                      Zip Code \_\_\_\_\_

*If mailing address is different than above address, send ballot to:*

Your Name or name of person to send ballot in care of: \_\_\_\_\_

Nursing Home Name (If Applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

 **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### SECTION 3: MARK IF YOU ARE A \_\_\_\_\_ MILITARY OR \_\_\_\_\_ OVERSEAS ELECTOR (INDEFINITELY AWAY)

#### **BALLOT DELIVERY INSTRUCTIONS FOR ACTIVE MILITARY AND OVERSEAS (INDEFINITELY AWAY) VOTERS ONLY**

I prefer to receive my absentee ballot by: \_\_\_\_\_ MAIL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL

FAX NUMBER (with area code): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_